

DECLARATION, POWER OF ATTORNEY AND PETITION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, that I declare that I am the inventor of the invention entitled: SELF ADMINISTERED BACK MASSAGE which is described and claimed in the attached specification.

That I verify believe that I am the original, first and sole inventor of the invention described and claimed therein; and say that I have reviewed and understand the contents of the specification thereof, including the claims and drawings, that I do not know and do not believe that the same was ever known or used in the United States of America before my invention thereof or patented or described in any printed publication in any country before my invention thereof, or more than one year prior to this application, or in public use or on sale in the United States of America more than one year prior to this application, that said invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or any legal representatives or assigns more than twelve months prior to this application, that I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with 37 CFR 1.56(a), and that no application for patent or inventor's certificate on this invention has been filed by me or my legal representatives or assigns in any country foreign to the United States of America except as follows:

And I hereby appoint MYRON AMER, Reg. No. 18,650, my attorney with full power of substitution, association and revocation, to sign the drawings, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent Office in connection therewith. Please address all correspondence to:

MYRON AMER, P.C.
114 Old Country Road
Suite 310
Mineola, NY 11501
(516) 742-5290

Whereby I pray, that Letters Patent be granted to me for the invention described and claimed in the foregoing specification and claim, and I hereby subscribe my name to the foregoing specification and claim, declaration, power of attorney and this petition.

DATE:

SIGNED:

Citizenship: USA

Applicant or Patentee: MICHAEL N. BERKE Attorney's Docket No. P-3627-2
Serial or Patent No.: _____
Filed or Issued: _____
For: SELF-ADMINSTERED BACK MASSAGE

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27 (b)) – INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an Independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled SELF-ADMINSTERED BACK MASSAGE described in

(X) the specification filed herewith
() application serial No. _____, filed _____
() patent No. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an Independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

(X) no such person, concern, or organization
() persons, concerns or organizations listed below*

* NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME _____
ADDRESS _____
() INDIVIDUAL () SMALL BUSINESS CONCERN () NON PROFIT ORGANIZATION

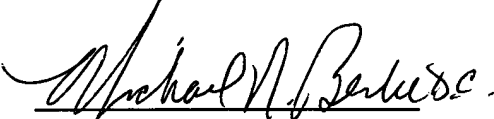
FULL NAME _____
ADDRESS _____
() INDIVIDUAL () SMALL BUSINESS CONCERN () NON PROFIT ORGANIZATION

FULL NAME _____
ADDRESS _____
() INDIVIDUAL () SMALL BUSINESS CONCERN () NON PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

MICHAEL N. BERKE


Signature of Inventor

6/22/00
Date